



June 22, 2015

**REDACTED - FOR PUBLIC INSPECTION**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
9300 East Hampton Drive  
Capitol Heights, MD 20743

Received & Inspected

JUN 23 2015

FCC Mail Room

RE: WC Docket No. 10-90, WC Docket No. 14-58  
2015 FCC Form 481 – Carrier Annual Reporting Form of Henderson Cooperative Telephone Co. (Study Area Code 371559)  
DOCKET FILE COPY ORIGINAL  
CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER  
IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE  
FEDERAL COMMUNICATIONS COMMISSION

Dear Secretary:

Henderson Cooperative Telephone Company ("Company") (d/b/a Mainstay Communications) has attached for filing one Stamped Confidential copy and two Redacted Confidential copies of its FCC Form 481 - Carrier Annual Reporting Form in accordance with sections 54.313 and 54.422 of the Commission rules. Pursuant to the FCC's June 17, 2015 Protective Order DA 15-712, the Company seeks confidential treatment of its financial information provided under 54.313(f)(2) and attached to Form 481 at Line 3017. Pursuant to Section 0.459 of the Commission's rules, attached is a letter requesting confidential treatment of the Company's Section 54.202(a) Five Year Service Quality Improvement Plan and its associated annual Progress Report attached to Form 481 at Line 112.

If there are any questions, I can be reached at (402) 723-4448.

Sincerely,

A handwritten signature in cursive script that reads 'Matt Friesen'.

Matt Friesen

General Manager

**Attachments**

cc: Charles Tyler, Telecommunications Access Policy Division (two Stamped Confidential Form 481 copies and cover letter)

No. of Copies rec'd 0+1  
List ABCDE



June 22, 2015

**REDACTED - FOR PUBLIC INSPECTION**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
9300 East Hampton Drive  
Capitol Heights, MD 20743

**Request for Confidentiality**

RE: WC Docket No. 10-90, WC Docket No. 14-58  
2015 FCC Form 481 – Carrier Annual Reporting Form of Henderson Cooperative  
Telephone Co. (Study Area Code 371559)

Dear Secretary:

Henderson Cooperative Telephone Company ("Company") (d/b/a Mainstay Communications) hereby requests, pursuant to 47 CFR Sections 0.457 and 0.459 of the Commission rules, withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).

1. The information the Company is seeking confidential treatment of is its Five Year Service Quality Improvement Plan and the associated annual Progress Report.
2. Rate-of-Return Eligible Telecommunications Carriers ("ETC") filed an initial Section 54.202(a) Five Year Service Quality Improvement Plan in 2014 and must file an annual Progress Report on the Plan with the Commission in 2015. The Plan and the annual Progress Report are provided as an attachment to the Company's FCC Form 481 pursuant to Sections 54.313 and 54.422 of the Commission's rules.
3. Financial data and other information contained in the Company's Plan and annual Progress Report at FCC Form 481, Line 112 are confidential commercial information routinely withheld from public inspection in accordance with 47 CFR Section 0.457(d).
4. The information contained in the Company's Plan and annual Progress Report is of both a financial and competitive nature regarding the provision of telecommunications services.

The Line 112 attachment contains competitively sensitive information related to actual or

mainstay communications  
po box 487  
henderson, ne 68371  
402 723 4448

mainstay satellite systems  
po box 549  
henderson, ne 68371  
402 723 4848  
800 868 4848

mainstay wireless  
po box 549  
henderson, ne 68371  
877 314 3393

proposed improvements to and maintenance of the Company's network. The telecommunications industry is highly competitive.

5. The financial and competitive information provided is information that would not customarily be released to the public. Due to the competitive nature of the telecommunications industry, release of this information could substantially harm the Company.
6. In order to prevent unauthorized disclosure of the information in the attachment to Line 112, the Form 481 is being filed via express delivery service. The Company takes steps to ensure that the Line 112 information is not accidentally disclosed outside the Company.
7. The subject information is not publicly available.
8. Pursuant to 47 CFR Section 0.457, the subject information is not available for public inspection and should continue to be withheld from public inspection now and in the future.
9. Not applicable.

Based on the preceding, the Company requests that the Commission grant confidential treatment under Section 0.459 to the Company's Five Year Service Quality Improvement Plan and annual Progress Report provided in FCC Form 481 at Line 112.

Sincerely,

A handwritten signature in cursive script that reads "Matt Friesen".

Matt Friesen

General Manager



June 22, 2015

**REDACTED - FOR PUBLIC INSPECTION**

Charles Tyler  
Telecommunications Access Policy Division  
Wireline Competition Bureau  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Room 5-A452  
Washington, D.C. 20554

RE: WC Docket No. 10-90, WC Docket No. 14-58  
2015 FCC Form 481 – Carrier Annual Reporting Form of Henderson Cooperative  
Telephone Co. (Study Area Code 371559)  
**CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER**  
IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-  
92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE  
FEDERAL COMMUNICATIONS COMMISSION

Dear Mr. Tyler:

Henderson Cooperative Telephone Company (d/b/a Mainstay Communications) has attached two copies of their Stamped Confidential Form 481 along with the accompanying cover letter and request for confidentiality submitted to the Secretary of the FCC pursuant to paragraph 5 of the FCC's June 17, 2015 Protective Order DA 15-712.

If there are any questions, I can be reached at (402) 723-4448.

Sincerely,

A handwritten signature in cursive script that reads "Matt Friesen".

Matt Friesen  
General Manager



June 22, 2015

**CONFIDENTIAL**

Mr. Gene Hand, Director of Communications  
Nebraska Public Service Commission  
300 The Atrium , 1200 N Street  
Lincoln, NE 68509

RE: FCC Form 481 – Carrier Annual Reporting Form of Henderson Cooperative Telephone Co.

Dear Mr. Hand:

Henderson Cooperative Telephone Company (d/b/a Mainstay Communications) ("Company") has filed its FCC Form 481 - Carrier Annual Reporting Form with the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) in accordance with FCC Rules 54.313 and 54.422. As required by the FCC, the Company has enclosed its FCC Stamped Confidential Form 481 for filing with the Nebraska Public Service Commission. The Company requests the NPSC to treat as confidential the competitively sensitive financial information located on the 15 pages labeled "CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 14-58 ET AL BEFORE THE FCC".

If there are any questions, I can be reached at (402) 723-4448.

Sincerely,

A handwritten signature in black ink that reads "Matt Friesen". The signature is written in a cursive, flowing style.

Matt Friesen

General Manager

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	371559	
<015> Study Area Name	HENDERSON CO-OP TEL	Received & inspected
<020> Program Year	2016	
<030> Contact Name: Person USAC should contact with questions about this data	Matt Friesen	JUN 23 2015
<035> Contact Telephone Number: Number of the person identified in data line <030>	4027234448 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	mrfriesen@mainstaycomm.net	FCC Mail Room

**ANNUAL REPORTING FOR ALL CARRIERS**

54.813 Completion Required	54.822 Completion Required
----------------------------------	----------------------------------

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 371559ne510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 371559ne610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 371559ne1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 371559  
<015> Study Area Name HENDERSON CO-OP TEL  
<020> Program Year 2016  
<030> Contact Name - Person USAC should contact regarding this data Matt Friesen  
<035> Contact Telephone Number - Number of person identified in data line <030> 4027234448 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> mxfriesen@mainstaycomm.net

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒  
If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5  
<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

371559ne112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
<114> Report how much universal service (USF) support was received  
<115> How much (USF) was used to improve service quality and how support was used to improve service quality  
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage  
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity  
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

### Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mfriesen@mainstaycomm.net

[illegible]

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

17.5

<703>

<a1>

<a2>

<a3>

(b1)

**<b2>**

<b3>

**<b4>**

**<b5>**

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

[illegible]

### Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net
<810>	Reporting Carrier	Henderson Cooperative Telephone Company d/b/a Mainstay Communications
<811>	Holding Company	Henderson Cooperative Telephone Company
<812>	Operating Company	Henderson Cooperative Telephone Company d/b/a Mainstay Communications

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

<910> Tribal Land(s) on which ETC Serves

**<920> Tribal Government Engagement Obligation**

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

[illegible]

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers****Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	RENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

371559ne1210.pdf

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒<1222> Details on the number of minutes provided as part of the plan, ☒<1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mfriesen@mainstaycomm.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}  
<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}  
<2011b> Attachment {47 CFR § 54.313(b)(1)iii}


Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}  
<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}  
<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}  
<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

--

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification  
<2018> 5th year Broadband Service Certification  
<2019> Interim Progress Certification  
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document(s) Listing Required Information

## (3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	371559
<015> Study Area Name	HENDERSON CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035> Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification [47 CFR § 54.313(f)(1)(i)]

371559ne3010.pdf

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

371559ne3012.pdf

- (3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(iii)]

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)]  
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

371559ne3017.pdf

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐  
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐  
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐  
(3023) Underlying information subjected to a review by an independent certified public accountant ☐  
(3024) Underlying information subjected to an officer certification. ☐  
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	371559
<015> Study Area Name	HRNDERSON CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035> Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	371559
<015> Study Area Name	HENDERSON CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035> Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: HENDERSON CO-OP TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/18/2015
Printed name of Authorized Officer: James Mestl	
Title or position of Authorized Officer: Board President	
Telephone number of Authorized Officer: 4027234448 ext.	
Study Area Code of Reporting Carrier: 371559	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	371559
<015> Study Area Name	HENDERSON CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035> Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	17.5

&lt;703&gt;

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OF TRI
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net

[illegible]

### Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371559
<015>	Study Area Name	HENDERSON CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Matt Friesen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4027234448 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mrfriesen@mainstaycomm.net
<810>	Reporting Carrier	Henderson Cooperative Telephone Company d/b/a Mainstay Communications
<811>	Holding Company	Henderson Cooperative Telephone Company
<812>	Operating Company	Henderson Cooperative Telephone Company d/b/a Mainstay Communications

[illegible]

SAC: 371559  
Carrier Name: Henderson Cooperative Telephone Company  
Location: Henderson, Nebraska  
Filing: Form 481 due 07/01/15

Line 112 – Service Quality Improvement Reporting

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]